

# REGISTRATION FOR ACCESS TO ELECTRONIC RECORDS

K-WC 96 (Rev. 04-2010)

RETURN TO:

Kansas Department of Labor  
Division of Workers Compensation  
Attn: Research Department  
800 SW Jackson, Ste 600  
Topeka, KS 66612-1227

FAX TO: (785) 291-3430

The Kansas Department of Labor, Division of Workers Compensation, provides claims information access via a secure Web site: *Request for Workers Compensation Records* (<https://kdwcupload.dol.ks.gov/ClaimantUpload/>).

This Web site allows registered users to download claims information after submitting a signed *Request for Workers Compensation Records* (forms K-WC 97 or 98) to the Division. Paper copies of the request forms are necessary due to signature requirements. If users submit multiple research requests, each request will be uploaded separately and e-mails sent upon completion of each request. Users only need to complete this registration form once; users already registered should check the box indicating this on each records request form.

## ADDITIONAL INFORMATION

Once you obtain access to the "Request for Workers Compensation Records" Web site, the following information is required:

- 1) Once the completed request has been received and a login assigned, the requestor will be sent an access code by e-mail and the link to the registration page. Registration from this link requires creation of a password for access into the site.
- 2) A single sign-on name; spelling of the sign-on name is critical since the Web site will reject sign-on if spelling does not match the registered name;
- 3) Workers Compensation Password System Security Features  
Each password must:
  - include at least one number
  - contain at least one uppercase letter
  - contain one or more lowercase letters
  - include at least one special character such as: ! @ # \$ % ^ & \*
  - be at least eight (8) characters in length
- 4) Once the registration process has been completed, an e-mail notification will be sent instructing you to "Please click on this link to activate your account." This is verification that the e-mail address is true and correct.

**To register for access, please complete, print and sign this form and return as directed above.**

First Name

Last Name

E-mail

Phone

ONLY ONE REGISTRATION NECESSARY PER EMPLOYER, LAW OFFICE AND/OR CARRIER.

The Division currently scans images of accident reports and undocketed settlements, therefore, some records may be in the form of a .tif image document. In order to view those documents, the requestor must have a .tif viewer. If you do not currently have a .tif viewer, a link to download a free viewer will be available on the Web site.

I certify that all information provided by me is true and correct to the best of my knowledge. I understand that providing false or misleading information may be a fraudulent or abusive practice under the Workers Compensation Act and may subject me to prosecution.

Signature

Date Signed

M	M

D	D

Y	Y	Y	Y